Community pharmacy referrals for suspected cancer – Clinical Protocol v2

Version control:

Version	Date	Key updates	Approved by
1	22/05/2023	Document created	NHSE Team
2	12/11/2024	Moderate clinical protocol update: • Inclusion of secondary care skin pathway, diagnostic checklist tool and update to existing primary care skin pathway • Clarify lung pathways to include former smoker status and define criteria for inclusion	Ruth Card (RCHT)

Community pharmacy referrals for suspected cancer – clinical protocol (Peninsula)

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Aim

This clinical protocol seeks to support community pharmacy staff (Pharmacists, Pharmacy Technicians, Accredited Checking Technicians, Dispensing Assistants and Medicines Counter Assistants) participating in the 'Community Pharmacy Cancer Referrals Pilot' to identify and refer people into secondary care or to their GP for onward investigation. This protocol is for use by community pharmacy staff for the pilot only.

Background

- Early diagnosis is key to improving patient outcomes for cancer. The NHS Long Term Plan set out an ambition that, by 2028, 75% of cancer patients should have their cancer diagnosed at stages 1 and 2.
- As one of the most accessible forms of healthcare, community pharmacies can play an important role in improving early diagnosis of cancer, with the Royal Pharmaceutical Society proposing a role for community pharmacies as early

diagnosis hubs. A 2015 systematic review found that it is feasible for pharmacies to recruit people to interventions to aide with the early detection of cancer[1].

- Furthermore, as the accessibility of community pharmacies is greatest in areas of higher deprivation, they may have an important role to play in reducing inequalities in cancer diagnosis.
- Some community pharmacy staff are already encouraging people to seek help from their GP if they are experiencing symptoms that could be a sign of cancer. Providing community pharmacy staff with the option to directly refer people to secondary care or to their GP could help the NHS find more cancers earlier and help reduce health inequalities.

Wording of this protocol

Throughout this protocol extensive use of the word "should" has been made, to describe the actions that a pharmacist would be expected to take in instances where a discussion takes place with someone who may benefit from the referral pathway. It is accepted that pharmacists will at all times observe clinical and professional responsibilities, and that it may not be possible to take the suggested action described in every instance. In instances where the action cannot be taken – either because of local arrangements or any other credible, legitimate reason - it may be helpful to record why it was not possible to follow the recommendations.

People that may benefit from a suspected cancer referral

- Community pharmacy staff are well placed to identify people who may be showing early signs of cancer. For example:
  - People that seek advice for potential cancer symptoms/ health conditions
  - People that repeatedly buy or report repeated use of over-the-counter medicines such as cough syrup, antacid preparations, proton pump inhibitors, anti-diarrhoea medication and mouth ulcer medication.
  - People that describe potential cancer symptoms during routine questioning as part of a "Pharmacy Only" medicine request or when using other pharmacy services such as smoking cessation services.

Initiating a consultation

- Community pharmacy staff should escalate the care of people they suspect of having cancer signs and symptoms or people who are concerned their symptoms could be due to cancer to the pharmacist.
- People suspected of having signs and symptoms of cancer should be invited to continue the conversation in the pharmacy consultation room. If this is not possible, or the person does not wish to use the consultation room, make sure the conversation takes place in a quiet area where confidentiality can be maintained.
- During the consultation the pharmacist should use the referral criteria below to better understand the person's symptoms and level of risk and identify whether an onward referral would be appropriate.

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[1] Promoting the early detection of cancer: A systematic review of community pharmacy-based education and screening interventions, 2015, Lindsey, Husband et al, Cancer Epidemiology, Volume 39, Issue 5, October 2015, Pages 673-681

- It can be difficult to initiate conversations with people about potential cancer symptoms. Training and resource packs will be made available to support community pharmacy staff to undertake these conversations.

Medicine taking behaviour

- Medicine taking behaviour can be a prompt for discussing cancer signs and symptoms with people. The table below gives examples of medicine taking behaviour that could trigger a discussion with a person about symptoms:

Category	Medicine taking behaviour that might suggest cancer
Lung	Regular or increasing repeat purchase/use of cough medication
Upper GI	Regular or increasing repeat purchases/ use of: - Antacid preparations for reflux/ indigestion - Proton pump inhibitors - Histamine 2 receptor antagonists
Lower GI	Regular or increasing repeat purchases/ use of: - Haemorrhoid medicine without diagnosis - Medicines indicative of a change in bowel habit such as loperamide or other medicines to manage diarrhoea
Gynaecological	Regular or increasing repeat purchases/ use of: - Medicines to manage diarrhoea/other IBS symptoms - Medicines or products to manage post-menopausal bleeding
Head and neck	Regular or increasing repeat purchases/ use of: - Throat lozenges or medicine - Mouth ulcer medication
Skin	Regular or increasing repeat purchases/ use of medication to treat skin complaints, with no skin condition present
Non-specific symptoms	Regular or increasing repeat purchase/ use of analgesic medications for persistent pain

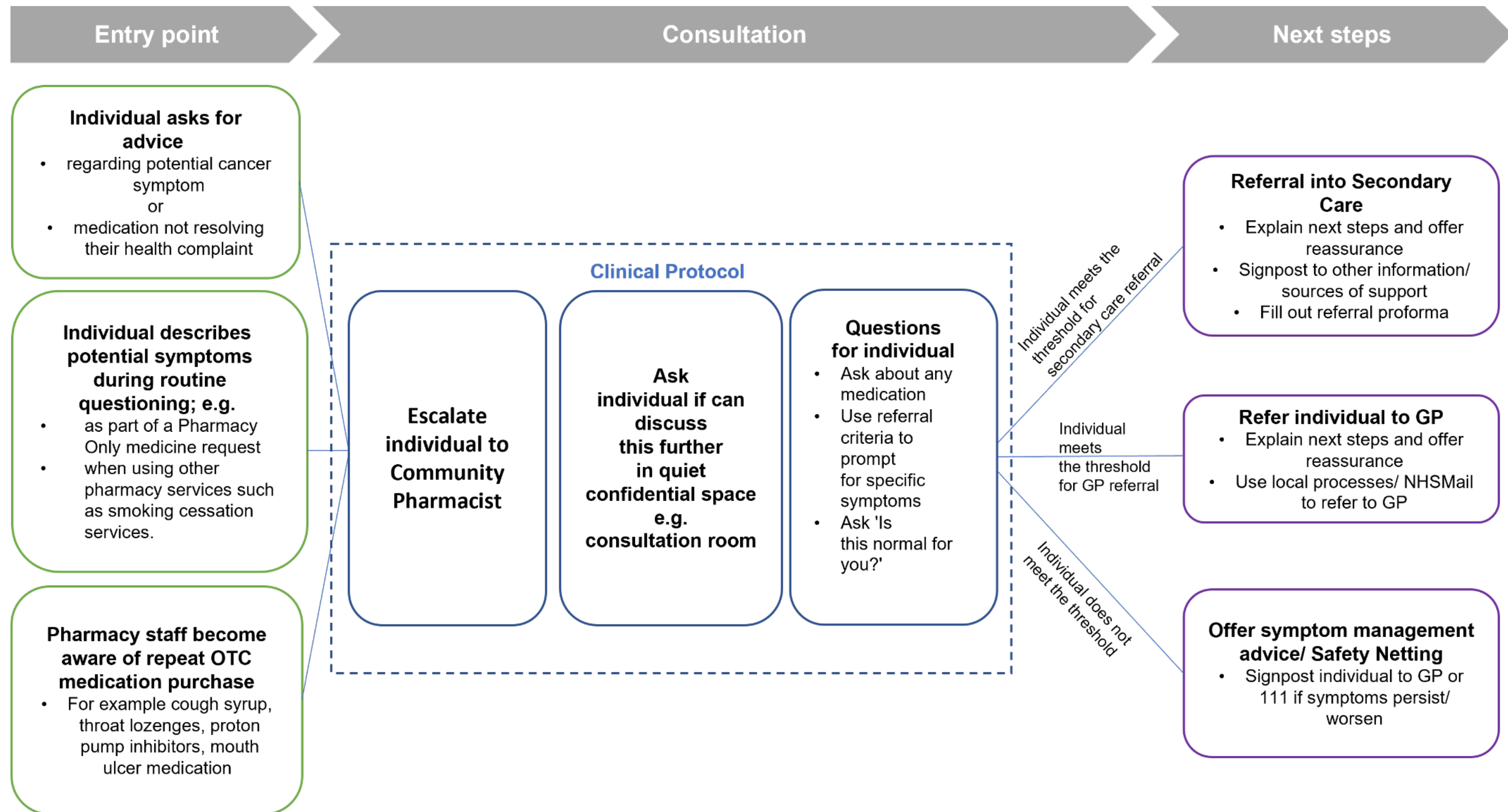
- The WWHAM pharmacy patient questioning process is a useful framework for conversations with people and should be used with all over the counter medicines sales:
    - **Who** is the medicine for?
    - **What** are the symptoms?
    - **How** long has the person had the symptoms?
    - What **action** has been taken already?
    - Are they taking any other **medication**?

- Asking the person ‘is this normal for you?’ is important for understanding whether a symptom might indicate something serious like cancer.

Suggested pathway

- Below is a pathway summarising the different entry points and outcomes for the community pharmacy suspected cancer referral process
- Referral guidance is set out in the annex

Pilot Pathway



Referral criteria

- Pharmacists should use the referral criteria below to determine whether a person meets the threshold for referral to secondary care or to their GP. The criteria have been developed to reflect NICE NG12 Suspected Cancer: Recognition Referral Guidelines, NHSE/I Cancer Faster Diagnosis pathways and the British Oncology Pharmacy Association training modules on communicating cancer.

- For the purpose of this pilot, the referral criteria can be used with individuals from the age of 16. Those under 16 years of age are out of scope.

People are eligible for a referral if they have the below specified symptoms. The referral route (to secondary care or to the GP) is indicated with an X. In some cases, marked as optional, local areas can decide on which referral route to use.

	Action	
Symptom	**Suspected Cancer referral to secondary care**	**Referral to GP for further investigation**
Lung Please ask the patient if they have had a CT or PET scan in the last 3 month, if yes, please direct them to their GP to reassess before any onward referral is made. If referred, patients will be contacted by the Lung Pathway Navigator to confirm a date and time for a CT contrast scan. We try to book these with 3 days, so the patient needs to answer their phone to withheld numbers and make themselves available to attend the earliest date offered. When they attend the radiographer with complete a risk survey with the patient, if needed will perform bloods tests on the day. If deemed unsuitable to receive contrast (due to kidney function) will have a non-contrast CT instead. Following the CT scan the patient will be contacted either by letter or will be booked to see a respiratory physician if further discussion or tests are required.		
Any adults (40 years and over) with unexplained coughing up blood	**X** – Open pathway in Cornwall eRS service name: “**Fast Track Lung - USC Royal Cornwall Hospital-REF**”	
Adult (40 years and over) **smokers and former smokers** (including shisha users) with **<u>2 or more</u>** of the following unexplained symptoms: ○ persistent cough ○ shortness of breath ○ chest pain ○ finger clubbing	**X** – Open pathway in Cornwall eRS service name: “**Fast Track Lung - USC Royal Cornwall Hospital-REF**”	
Adult (40 years and over) **non-smokers** with **<u>any</u>** of the following: ○ persistent or recurrent chest infection ○ persistent cough ○ shortness of breath ○ chest pain ○ weight loss ○ appetite loss ○ finger clubbing		**X** **(GP only)**

<table>
<tr><th colspan="3">Gynaecological</th></tr>
<tr><td>Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped because of the menopause. Excluding women on systemic HRT or who have had a hysterectomy.</td><td>X – Not for Cornwall at present – please refer to GP</td><td>X
(GP only)</td></tr>
<tr><td>Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped, who are on systemic HRT.</td><td></td><td>X
(GP only)</td></tr>
<tr><td>Women over the age of 50 with 2 or more of the following symptoms
○ Persistent abdominal distension (or 'bloating') happening several times a month
○ Feeling full (early satiety) and/or loss of appetite
○ Pelvic or abdominal pain
○ Increased urinary urgency and/or frequency.</td><td></td><td>X
(GP only)</td></tr>
<tr><td>Women 50yrs and over who have experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS)</td><td></td><td>X
(GP only)</td></tr>
<tr><th colspan="3">Skin</th></tr>
<tr><td>Adults with 1-3 new suspicious pigmented skin lesion(s) <u>and</u> a weighted checklist score of 3 more:

<table>
<tr><td>Major features of the lesion(s) (scoring 2 points each):</td><td>Points</td></tr>
<tr><td>• change in size</td><td></td></tr>
<tr><td>• irregular shape</td><td></td></tr>
<tr><td>• irregular colour</td><td></td></tr>
<tr><td>Minor features of the lesion(s) (scoring 1 point each):</td><td>Points</td></tr>
<tr><td>• largest diameter 7 mm or more</td><td></td></tr>
<tr><td>• oozing</td><td></td></tr>
<tr><td>• change in sensation.</td><td></td></tr>
<tr><td>• inflammation</td><td></td></tr>
<tr><td colspan="2">Total = / 10 (3 or more needed for referral)</td></tr>
</table></td><td>X – Open pathway in Cornwall

eRS service name:

“Fast Track Skin -USC Royal Cornwall Hospital-REF”</td><td></td></tr>
<tr><td>Adults with:
• More than 3 visible lesions at consultation
• Reports having other lesions which are not visible at consultation
• Has mobility issues
• (Also refer anyone aged under 16 years to GP)</td><td></td><td>X
(GP only)</td></tr>
</table>

Head and Neck Referrals will be booked for outpatient clinic review with a Maxillofacial Consultant, patients may have a biopsy taken on the day of their appointment.		
Adults with any of the following: ○ Mouth ulcers lasting 3 weeks or more, or that do not heal ○ A lump in the lip or mouth lasting 3 weeks or more	**X** – Open pathway in Cornwall eRS service name: **“Fast Track Oral & Maxillo-Facial -USC Royal Cornwall Hospital-REF”**	
Adults with any of the following: ○ Bleeding or numbness in the mouth ○ Red or white patches in the mouth		**X** GP/Dentist
Adults over the age of 45 with unexplained hoarse voice, lasting 3 weeks or more.		**X** **(GP only)**
Kidney and Bladder – **Optional Secondary Care Route** Patients will be booked to the Haematuria clinic, which is a one stop service, patients need to be prepared to have clinical review, cystoscopy and ultrasound all on one day. If they do not wish to attend such an appointment, please direct them back to their GP for further discussion of their symptoms.		
Adults 45yrs and over with: ○ Self-reported visible haematuria (blood in urine) without any signs of urinary tract infection such as pain when urinating or a temperature. *Referral route optional depending on local pathways and accessibility of GPDA pathways*	**X** – Open pathway in Cornwall eRS service name: **“Fast Track Urology-USC Royal Cornwall Hospital-REF”**	**X**
Adults under 45yrs with self-reported visible haematuria (blood in urine)		**X** **(GP only)**
Upper GI - **Optional Secondary Care Route**		
Adults 55yrs and over with dysphagia (trouble swallowing) *Referral route optional depending on local pathways and accessibility of GPDA pathways*	**X – Not for Cornwall at present** – please refer to GP	**X**
Adults 40yrs and over with jaundice *Referral route optional depending on local pathways and accessibility of GPDA pathways*	**X – Not for Cornwall at present** – please refer to GP	**X**
Adults 55 years and over with both the following symptoms: ○ Persistent reflux / indigestion ○ Upper abdominal pain		**X** **(GP only)**

Lower GI – **Optional Secondary Care Route** Patients referred direct as they are not registered with a GP will be sent a FIT kit to complete. Following the result of this, can take up to 2 weeks, the patient may be discharged or may be booked direct to investigation which could include colonoscopy, flexi sigmoidoscopy or CT scan. Any patients registered with a GP should be directed to them to review prior to any referral being made.

Adults **not registered with a GP**, over 60 years, with blood in stools and any of the following unexplained symptoms or findings: ○ abdominal pain ○ change in bowel habit ○ weight loss Pharmacist to follow agreed local processes where patient is required to complete a FIT kit prior to beginning LGI pathway	**X** – Open pathway in Cornwall eRS service name: “**Fast Track Lower GI - USC Royal Comwall Hospital-REF**”	**X**
Adults with two or more of the following symptoms ○ blood in stool ○ abdominal pain ○ change in bowel habit ○ weight loss		**X (GP only)**
Haematological		
People with any of the following: ○ Unexplained bruising ○ Unexplained bleeding ○ Unexplained petechiae (clustered small purple, red, or brown spots on the skin) ○ Persistent back or bone pain		**X (GP only)**
Adults with a lump in the neck, groin or armpit – lasting 6 weeks or more		**X (GP only)**
Breast		
Adults 30yrs and over with a self-reported, unexplained breast lump		**X (GP only)**
Adults 50yrs and over with any of the following symptoms in one nipple only: ○ discharge ○ retraction		**X (GP only)**
Adults 70yrs with any self-reported breast change		**X (GP only)**

Next steps

Next steps: People who meet the referral threshold for investigation by secondary care:

- If a person meets the threshold for referral, the pharmacist should explain that they would like to refer them for further tests to rule out the possibility of something more serious like cancer. Tell them this will usually mean they will get an appointment within 2 weeks.
- NICE recommends:
    - Explaining to people who are being referred with suspected cancer that they are being referred to a cancer service. Reassure them, as appropriate, that most people referred will not have a diagnosis of cancer and discuss potential alternative diagnoses with them.
    - The information you give to people with suspected cancer and their families and/or carers should include:
        - where the person is being referred to
        - how long they will have to wait for the appointment
        - who to contact if they do not receive confirmation of an appointment

        - other sources of support and information about their referral appointment, such as the NHS website, Cancer Research UK and Macmillan Cancer Support.
    - Providing information that is appropriate for the person in terms of language, ability, and culture, recognising the potential for different cultural meanings associated with the possibility of cancer.
- Be aware that people may react differently to this information. This includes feeling scared, feeling shocked or feeling resistant to being referred. It is important to minimise people's fears whilst providing support to achieve referral.
- Support can be offered by addressing barriers to referral, asking the person to let you know how they got on, and helping them to have a meaningful conversation during their referral appointment by writing down worrying symptoms and their duration.
- Further information should be collected to fill out the relevant referral proforma.
- Once the decision to refer has been made, make sure that the referral is sent within 1 working day.

N.B. If a person meets the threshold for referral, however the pathway is not open in your area at present, please refer to the GP.

Next steps: People who meet the referral threshold for investigation by the GP

- If a person does not meet the criteria for referral to secondary care but would benefit from a referral to their GP for further investigations (see table above) pharmacists should explain to the person that their symptoms could be a sign of something more serious and that they advise they have their symptoms checked by their GP
- Wherever possible the community pharmacy team should follow local processes (or NHSMail) to refer the person to their GP, flagging the suspected cancer symptoms that require further investigation.
- The pharmacist should reassure the person and encourage them to write down their symptoms for review by the GP.
- For the oral symptoms listed under head and neck, onward investigation is appropriate at either a GP or dentist. If there is a concern that a patient cannot easily access NHS dental services, pharmacists should direct them into GP services.

Next steps: People who do not meet the referral threshold

- Pharmacists may wish to refer people to the GP for support with symptoms unrelated to cancer or because the pharmacist suspects they may have another health condition that is not cancer. These referrals are outside the scope of this pilot, these individuals should be managed in accordance with any locally established arrangements and professional obligations.
- If a person does not meet the referral threshold and the pharmacist does not think they need to be seen by another health professional, pharmacists should provide general advice and information about managing their symptoms.
- People should always be advised to see their GP if their symptoms persist or get worse.

Safety Netting

- In all discussions with people, pharmacy teams should highlight escalation routes via NHS 111 or A&E should symptoms rapidly and seriously worsen. Pharmacists should use materials provided to assist with these conversations. These materials will set out next steps and advice if symptoms change.
- If a person is not registered with a GP, community pharmacies need to follow local processes and work with local GP practices to establish a process for registering them and have enrolment forms for GP practices in their area who are accepting new patients.
- If the person is reluctant to register with a GP, the pharmacists should encourage them to use NHS 111 and help them write down any symptoms for discussion with the triage team.
- Pharmacists will receive confirmation that a secondary care referral has been received. If a confirmation has not been received within 24hrs, they should re-refer the person.
- If the person does not attend a referral appointment, standard processes will be followed for secondary care referrals. For GP referrals, existing policies will apply.

Safeguarding

- All Community Pharmacy staff have a responsibility to safeguard children and adults at risk of abuse or neglect. This includes people with physical, sensory and mental impairments, and those with learning disabilities.
- Pharmacies should proactively support vulnerable patients by writing down their symptoms, details of the discussion they have had with the pharmacist and the next steps for the patient on the provided 'Pharmacy Referral Cards'.
- If a person needs support with their referral appointment because of their personal circumstances, such as accessibility or interpreter needs, use the referral proforma to inform the specialist who is seeing them of these needs (with the person's agreement).

Additional Information

- **Contact for updates on referrals.**

  For queries regarding cancer referral with no contact within 14 days – contact number Booking office for completing the patient leaflet: **01872 252323**

  ☐ You should be seen at a hospital to have your symptoms checked. You will be booked into an appointment and contacted to let you know the date and time. This appointment should be in the next 2 weeks. It is important that you attend this.

  If you haven't been contacted about your appointment within 2 weeks, please contact:

- **Unregistered Patients**

  Patients cannot be referred using ERS if they do not have a registered GP, the priority will be to get the patient registered asap as it will be important for a GP to be informed of any ongoing care or monitoring required. Where this may take some time

then the referral form can be emailed to rch-tr.suspectedcancer@nhs.net to be processed to avoid delay for the patient.
For pathways which are not yet open to Pharmacists to refer to but the patient has been unable to register with a GP, these can also be emailed to rch-tr.suspectedcancer@nhs.net where they will be reviewed in secondary care and booked if deemed safe to process without the GP input, if not appropriate, feedback given to the pharmacist who may need to contact the patient to reply the outcome/reiterate need for GP registration.

This does not apply to symptoms where the action is 'Referral to GP for further investigation' as these patients must have review with a GP prior to referral.

- **Other Queries**

Any concerns over individual patients, how best to refer in, referrals not being processed or clarity on referral criteria, please contact rch-tr.cancerinfo@nhs.net subject: Pharmacy FAO Ruth
Where patient meet more than one cancer type symptom group such as Lung and Urology, two separate referrals must be made.

- **No home address**

For Patients without a home address who require a GP – contact:
Health for Homeless Health for Homeless | Cornwall Partnership NHS Foundation Trust (cornwallft.nhs.uk)
Clinics are run on most weekdays from Camborne, Penzance and Truro, call 01872 221 240 or get the patient to attend one of the drop in sessions:
Truro clinic
St Petroc's Resource Centre, 8 City Road, Truro, TR1 2JJ

- Monday: 10am-12pm (GP Clinic)
- Tuesday: 2-4pm (Nurse Clinic)
- Wednesday: 10am-12pm (GP Clinic)
- Thursday: 2-4pm (Nurse Clinic)
- Friday: 10am-12pm (GP Clinic)

Camborne clinic
Coastline Homeless Service, 11 Basset Road, Camborne, TR14 8SB

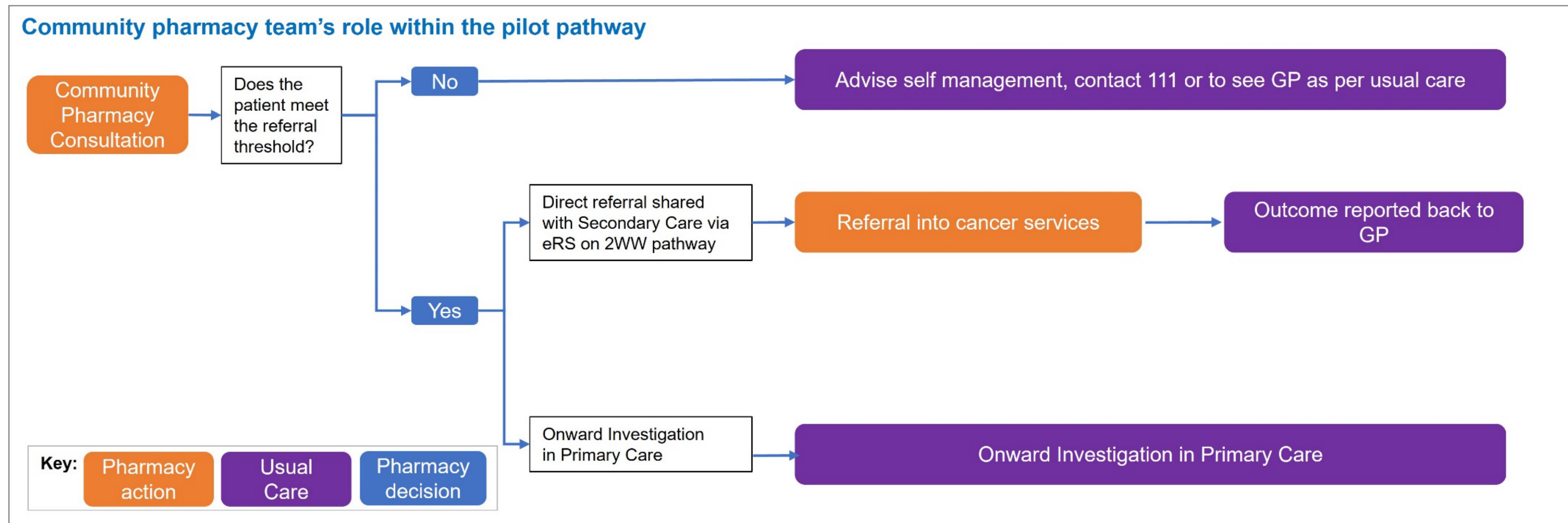
- Monday: 10am-12pm (GP Clinic)
- Tuesday: 10am-12pm (Nurse Clinic) 1.30pm-3.30pm (GP Clinic)
- Wednesday: 10am-12pm (Nurse Clinic)
- Thursday: 10am-12pm (Nurse Clinic) 2pm-3.30pm (GP Clinic)
- Friday: 2pm-3.30pm (GP Clinic)

Penzance clinic
Breadline Centre, Bread Street, Penzance, TR18 2EQ

- Monday: 10am-12pm (nurse Clinic)
- Tuesday: 9.30am-11.30am (GP Clinic)
- Wednesday: No Clinic
- Thursday: 10am-12pm (GP Clinic)
- Friday: 10am-11.30am (Nurse Clinic)

Annex

Referral mechanism and processes



- Community Pharmacists should complete a consultation form for each patient that receives one.
- GPs can see the eRS status of their patients once they have been referred into secondary care by a Community Pharmacist.
- GPs will receive referrals from Community Pharmacy via local processes/ NHSMail.

Referral process into Secondary Care and to General Practice

Referral process into Secondary Care, via eRS	Referral to patient's GP, via local processes/ NHSMail
• During the consultation, the pharmacist will assess if the individual meets the criteria for an urgent suspected cancer referral using the pilot clinical protocol. • If an individual meets the threshold for referral direct to secondary care, they should be referred via eRS on a 2WW pathway • Community Pharmacists participating in the pilot will have the eRS role assigned to their smart cards to enable them to access the system • The pharmacist will need to ensure the individual understands that they are being referred for investigations to rule out cancer and that they need to be available at any time in the next two weeks. • Pilot sites will have a referral template form which should be filled out as completely as possible with the details provided by the individual and sent to relevant secondary care setting • The Pharmacist should receive confirmation that a referral has been received within 24 hours through eRS (worklist); if this has not been received, the Pharmacist should re-refer them • The Pharmacist must notify the referred person's GP via local processes/NHSMail	The following options should be considered by the pharmacy in line with local policies: • **Option A – Ask the patient to book an appointment with their GP.** After agreeing this course of action with the patient, the patient must try to book an appointment with their GP to be seen at the next available appointment. The patient should inform the pharmacist if they have been successful in booking an appointment. Ideally, this should be done at the time of the consultation. If you have asked the patient to book an appointment with their GP, you must document this on the data collection form. • **Option B – Refer the patient for an appointment with their GP**. If the patient is having difficulty making an appointment, the pharmacist must telephone the patient's general practice (using bypass numbers if available) or via NHSMail (if locally agreed) to secure them an appointment. All telephone conversations must be documented. The pharmacist must send a completed copy of the referral/collection form to the GP via NHSmail (covering email template has been provided).

Full details of how to set up eRS, make a referral using eRS and how to manage worklists will be included in the NHSD Community Pharmacy Pilot Information Pack. A training module will also be available to support pharmacies to use the system; this will include a recorded demo video.